

REQUEST FOR AUTHORIZATION OF ADDITIONAL CLASSIFICATION AND RATE

CHECK APPROPRIATE BOX

☐ SERVICE CONTRACT☐ CONSTRUCTION CONTRACTOMB No **9000-0089**
Expires **04/30/2005**

Public reporting burden for this collection of information is estimated to average 15 minutes per response including the time for reviewing instructions searching existing data sources gathering and maintaining the data needed and completing and reviewing the collection of information Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to the FAR Secretariat (MVP) Office of Acquisition Policy GSA Washington DC 20405 and to the Office of Management and Budget Paperwork Reduction Project (9000 0089) Washington DC 20503

INSTRUCTIONS THE CONTRACTOR SHALL COMPLETE ITEMS 3 THROUGH 16 KEEP A PENDING COPY AND SUBMIT THE REQUEST IN QUADRUPPLICATE TO THE CONTRACTING OFFICER

1 TO ADMINISTRATOR Employment Standards Administration
WAGE AND HOUR DIVISION
U.S. DEPARTMENT OF LABOR
WASHINGTON D.C. 20210

2 FROM (REPORTING OFFICE)

3 CONTRACTOR

4 DATE OF REQUEST

5 CONTRACT NUMBER

6 DATE BID OPENED (SEALED
BIDDING)

7 DATE OF AWARD

8 DATE CONTRACT WORK
STARTED9 DATE OPTION EXERCISED (IF
APPLICABLE) (SCA ONLY)

10 SUBCONTRACTOR (IF ANY)

11 PROJECT AND DESCRIPTION OF WORK (ATTACH ADDITIONAL SHEET IF NEEDED)

12 LOCATION (CITY COUNTY AND STATE)

13 IN ORDER TO COMPLETE THE WORK PROVIDED FOR UNDER THE ABOVE CONTRACT IT IS NECESSARY TO ESTABLISH THE FOLLOWING RATE(S) FOR THE INDICATED CLASSIFICATION(S) NOT INCLUDED IN THE DEPARTMENT OF LABOR DETERMINATION

NUMBER

DATED

a LIST IN ORDER PROPOSED CLASSIFICATION TITLE(S) JOB DESCRIPTION(S) DUTIES
AND RATIONALE FOR PROPOSED CLASSIFICATIONS (SCA ONLY)

b WAGE RATE(S)

c FRINGE BENEFITS
PAYMENTS

(Use reverse or attach additional sheets if necessary)

14 SIGNATURE AND TITLE OF SUBCONTRACTOR REPRESENTATIVE
(IF ANY)

15 SIGNATURE AND TITLE OF PRIME CONTRACTOR REPRESENTATIVE

16 SIGNATURE OF EMPLOYEE OR REPRESENTATIVE

TITLE

CHECK APPROPRIATE BOX REFERENCING BLOCK 13

☐ AGREE☐ DISAGREE

TO BE COMPLETED BY CONTRACTING OFFICER (CHECK AS APPROPRIATE - SEE FAR 22 1019 (SCA) OR FAR 22 406-3 (DBA))

☐ THE INTERESTED PARTIES AGREE AND THE CONTRACTING OFFICER RECOMMENDS APPROVAL BY THE WAGE AND HOUR DIVISION AVAILABLE INFORMATION AND RECOMMENDATIONS ARE ATTACHED

☐ THE INTERESTED PARTIES CANNOT AGREE ON THE PROPOSED CLASSIFICATION AND WAGE RATE A DETERMINATION OF THE QUESTION BY THE WAGE AND HOUR DIVISION IS THEREFORE REQUESTED AVAILABLE INFORMATION AND RECOMMENDATIONS ARE ATTACHED

(Send copies 1 2 and 3 to Department of Labor)

SIGNATURE OF CONTRACTING OFFICER OR REPRESENTATIVE

TITLE AND COMMERCIAL TELEPHONE

DATE SUBMITTED

NO EEO Officer
(207) 624-3066

PREVIOUS EDITION IS USABLE

STANDARD FORM 1444 (REV 12 2001)
Prescribed by GSA FAR (48 CFR) 53 222(f)